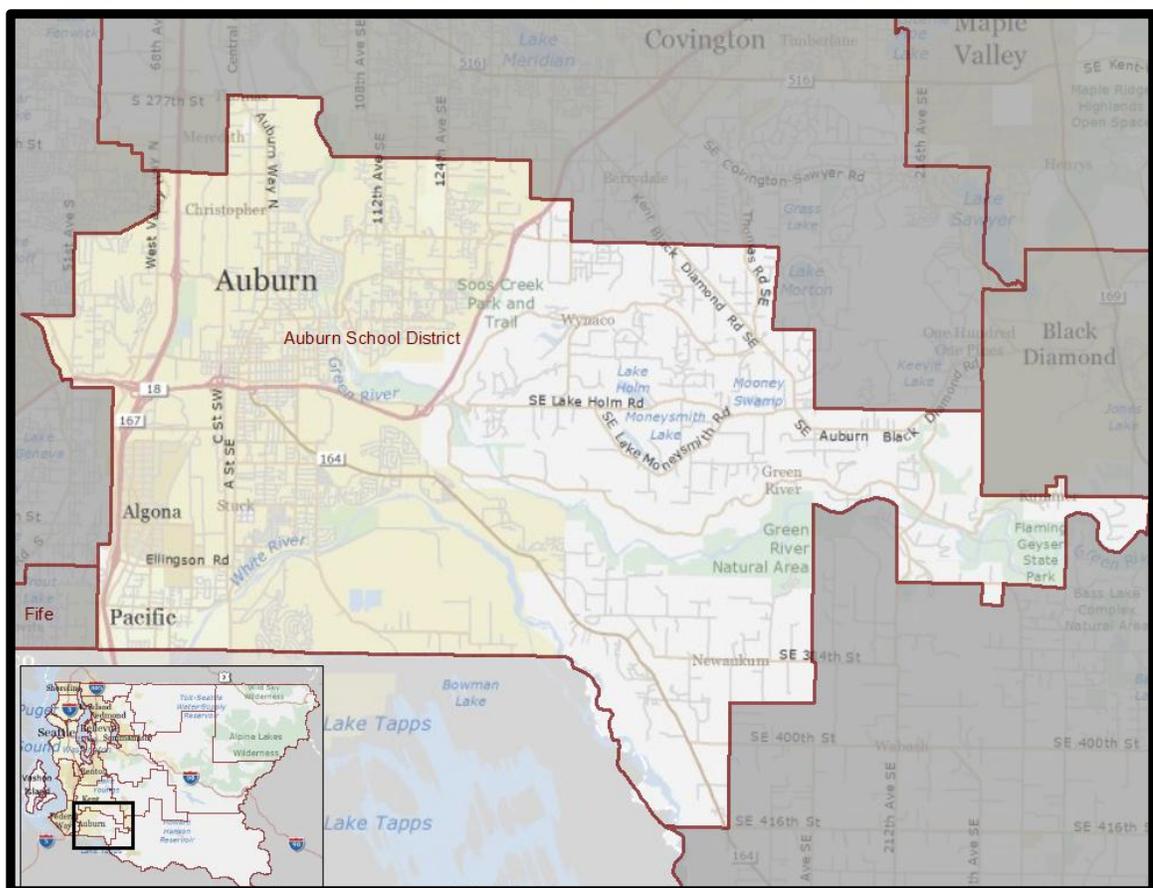




# Auburn School District Health Profile

## King County, Washington

### (HYS 2012)



Suggested citation: Assessment, Policy Development & Evaluation Unit. *School District Health Profile: [School district name]*. Seattle, WA: Public Health – Seattle & King County, 2013.

# Introduction

The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, the Department of Commerce, and the Liquor Control Board.

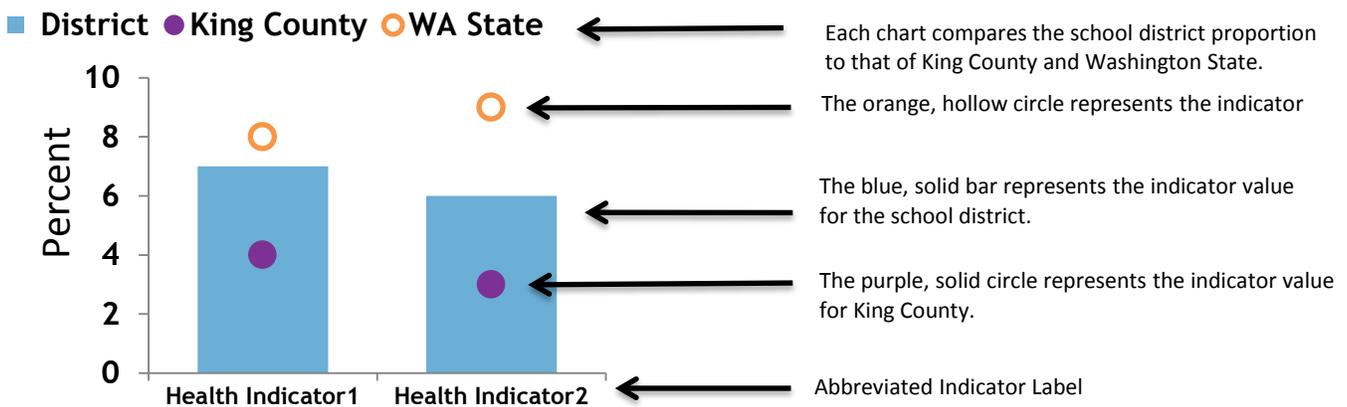
The survey provides important information about youth in Washington State. The Information from HYS is used to guide policy and programs that serve youth and to identify trends in the patterns of behavior over time. In October of even-numbered years, since 2002, students in grades 6, 8, 10, and 12 answered questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.

This School District Health Profile, developed by Public Health in collaboration with school districts, summarizes HYS data to provide information on key health indicators and their determinants. It combines all grades for which the question is asked for 2012 point estimates (see pages 3-9) and stratifies by 8<sup>th</sup> graders and 10<sup>th</sup> and 12 graders combined for point estimates from 2004-2012 (see page 10). Comparisons for statistically significant differences between 2010 and 2012 estimates are also included (see page 11). Responses are weighted to district level enrollment by gender and grade level to ensure data were representative of all students in the district within the sampled grades.

The purpose of the report is to inform school policy-makers, health and wellness planners, and the public about student health at the district level. In this series of school district health profiles, King County is divided into 19 school districts. For each of the 19 school districts, the report includes five sections:

- Demographics of survey respondents
- Obesity, physical activity and dietary behavior
- Mental health, personal safety and violence
- Alcohol, tobacco and other drug use and secondhand smoke exposure
- District specific indicators of special interest

For each section, data are presented in a chart and a table. Below is a description on how to read the chart.



The table under each chart has more complete labels for the indicators in the chart. It also contains the actual indicator value for the school district. The table specifies whether or not the health indicator rate for the school district is significantly higher (↑), significantly lower (↓), or not different (-) from the King County point estimates based on overlapping confidence intervals. Additional tables provide within district comparisons by socio-economic status and race/ethnicity.

*This report is produced by the Assessment, Policy Development & Evaluation Unit at Public Health – Seattle & King County. For more information and update alerts, please visit <http://www.kingcounty.gov/healthservices/health/data.aspx> or contact [data.request@kingcounty.gov](mailto:data.request@kingcounty.gov)*

## Demographics of HYS (2012) Respondents

	Auburn		King County <sup>1</sup>	WA State <sup>1</sup>
<b>Total 2012 Respondents</b>	<b>n=2,485</b>		<b>n=51,943</b>	<b>n=33,270</b>
<b>Demographic</b>		% <sup>1</sup>	%	%
<b>Age (years)</b>				
<=12	*	*	0.6	0.6
13-14	833	44.7	32.4	40.4
15-16	744	54.1	33.1	33.3
17-18	*	*	33	25.3
19+	*	*	0.8	0.5
<b>Race/ethnicity</b>				
White, NH <sup>2</sup>	934	39.4	45.6	52.6
Black, NH	153	6.2	7.4	4.0
Hispanic/Latino	427	17.2	10.5	15.0
American Indian/Alaska Native (AIAN), NH	84	3.3	1.7	3.5
Asian, NH	195	8.0	17.1	7.7
Native Hawaiian/Pacific Islander (NHPI), NH	89	3.7	2.3	1.6
Other (Includes multiracial)	569	22.3	15.4	15.7
<b>Grade</b>				
6	888	31.3	24.6	24.7
8	832	30.5	24.5	30.7
10	765	38.2	25.2	25.2
12	0	-	25.7	19.4
<b>Gender</b>				
Male	1,207	49.8	51.7	49.3
Female	1,278	50.2	48.3	50.7
<b>Language</b>				
Non-English speaking at home <sup>3</sup>	443	28.4	25.1	19.3
<b>Socio-economic status (SES)<sup>4</sup></b>				
Lower SES	557	48.1	29.3	36.5
Moderate-higher SES	616	51.9	70.7	63.5

<sup>1</sup>King County respondents include all HYS 2012 voluntary and required participants; WA State respondents include only required HYS participants. All percentages for district, King County and WA presented are those with which survey weights have been applied.

<sup>2</sup>NH=non-Hispanic.

<sup>3</sup>Speaking a language other than English at home.

<sup>4</sup>Level of completed education by the student's mother is a proxy measure for SES. "Lower SES" corresponds to no post-high school maternal education and "moderate - higher SES" if maternal education includes any post-high school education.

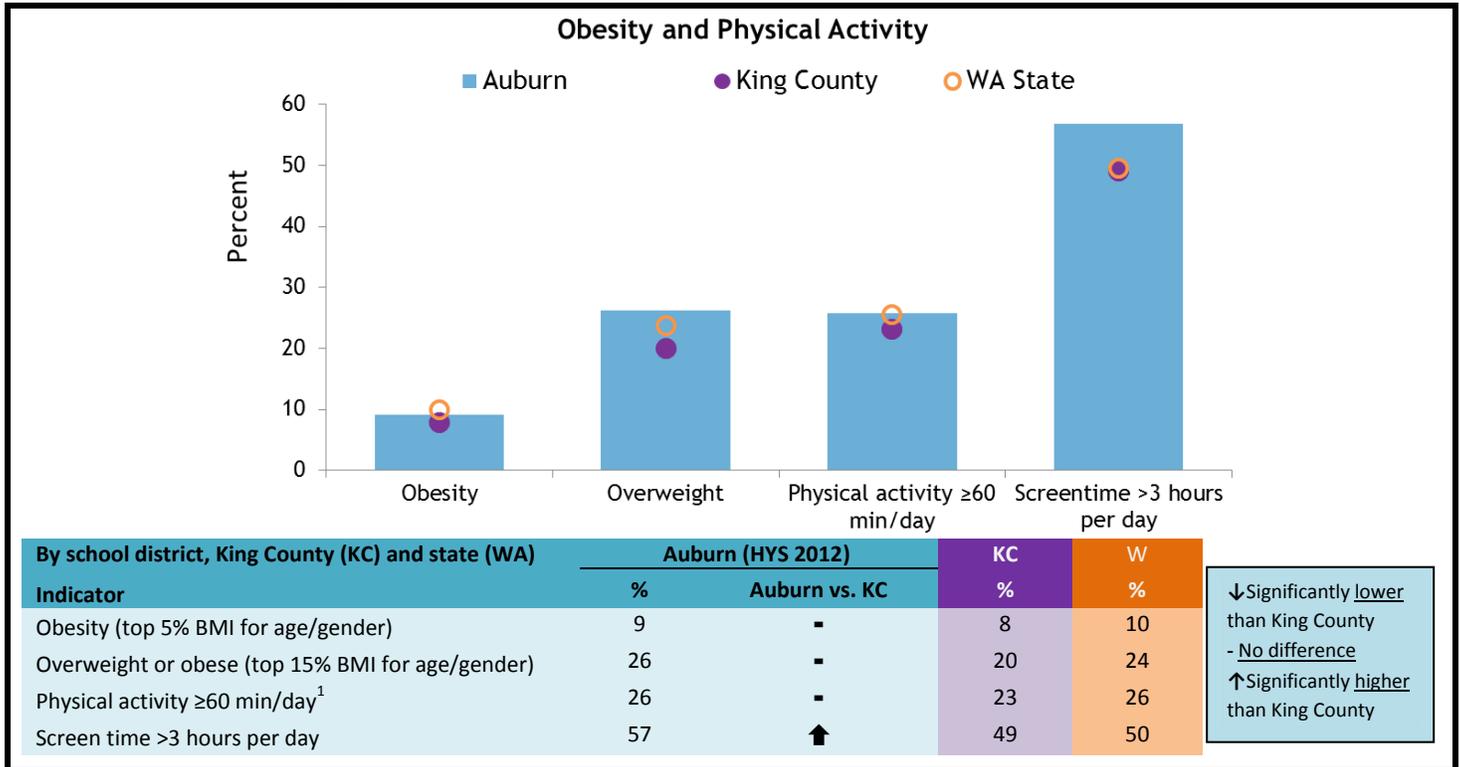
### Non-English languages spoken at home reported by Auburn HYS (2012) respondents grades 8, 10 & 12

Language	N	% <sup>1</sup>
Spanish	204	12.9
Chinese	*	*
Vietnamese	18	1.1
Russian	41	2.6
Korean	*	*
Japanese	*	*
Ukrainian	77	5.0
Other (not specified)	90	6.0

\*Too few cases to protect confidentiality and/or report reliable rates

## Obesity and Physical Activity

Obesity prevention and reduction remain a key focus area of school health and wellness programming. Children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems. Self-reported height and weight of students in grade 8, 10 and 12 are used to calculate body mass index (BMI). Obesity is defined as a BMI-for-age-and-gender  $\geq$  95<sup>th</sup> percentile. To promote health and prevent obesity, national guidelines recommend that youth engage in 60+ minutes of physical activity on most days of the week.



Indicator	Auburn (HYS 2012)			Significance
	Low SES (%)	Low vs. Mod/High	Moderate/High SES (%)	
Obesity (top 5% BMI for age/gender)	13	-	11	↓ Significantly lower than Mod/High SES
Overweight or obese (top 15% BMI for age/gender)	29	-	25	- No difference
Physical activity $\geq$ 60 min/day	21	-	24	↑ Significantly higher than Mod/High SES
Screen time >3 hours per day	58	↑	46	↑ Significantly higher than Mod/High SES

Indicator	Auburn (HYS 2012)						
	Asian (%)	AIAN (%)	Black (%)	Hispanic (%)	NHPI (%)	White (%)	Other (%)
Obesity (top 5% BMI for age/gender)	*	*	*	10	*	8	10
Overweight or obese (top 15% BMI for age/gender)	*	*	34	32	*	22	30
Physical activity $\geq$ 60 min/day	18	40	24	25	21	26	28
Screen time >3 hours per day	69	71	65	61	65	51	57

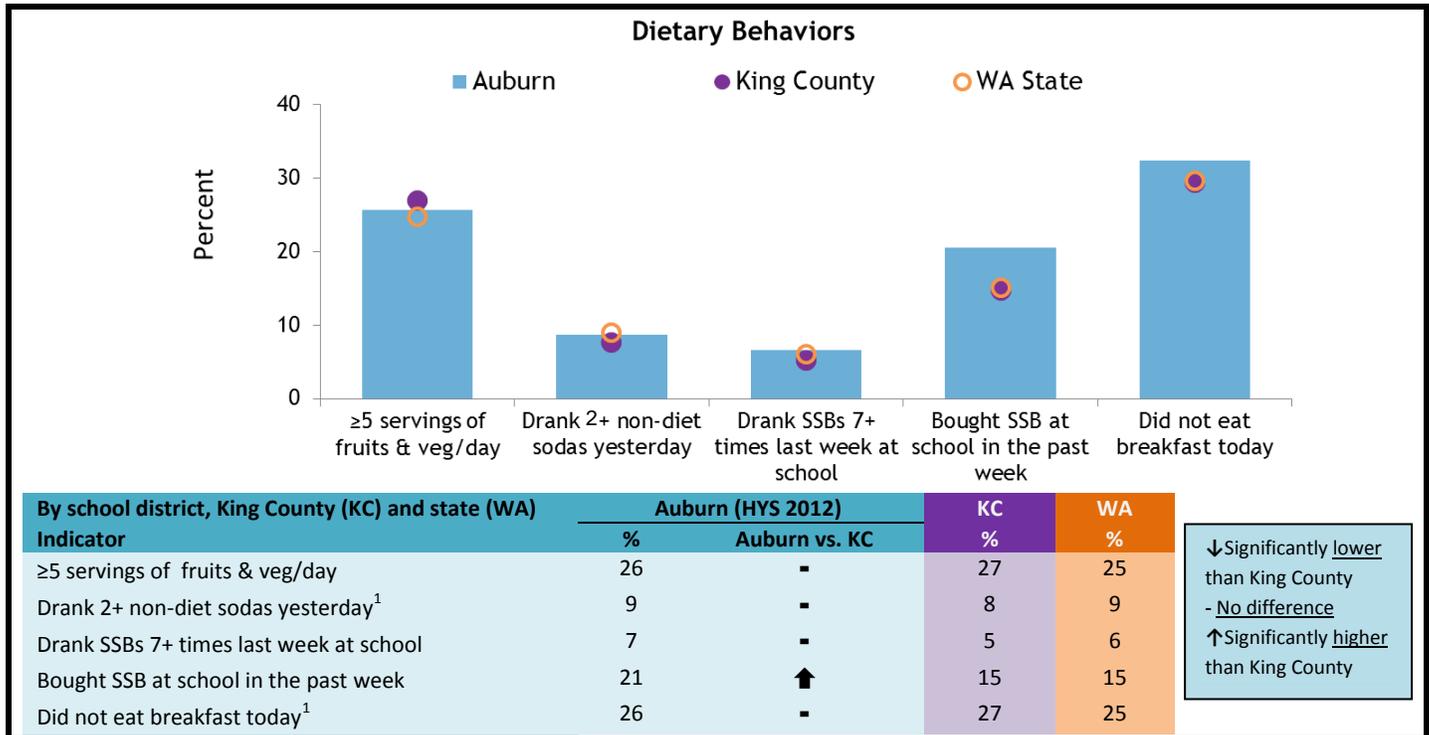
<sup>1</sup>Indicator includes 6<sup>th</sup> grade respondents. Not all questionnaire items were included in the 6<sup>th</sup> grade version.

<sup>2</sup>AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

\*Too few cases to protect confidentiality and/or report reliable rates

## Dietary Behaviors

Healthy lifestyle habits, including healthy eating, can lower the risk of becoming obese and developing related diseases. Schools play a particularly critical role by establishing a safe and supportive environment with policies and practices that support healthy behaviors, including reducing consumption of sugary sweetened beverages (SSBs). Schools also provide opportunities for students to learn about and practice healthy eating and physical activity behaviors.



By socio-economic status (SES)	Auburn (HYS 2012)			Moderate/High SES %	Legend
	Indicator	Low SES %	Low vs. Mod/High		
≥5 servings of fruits & veg/day	22	↓	30	↓ Significantly lower than Mod/High SES - No difference ↑ Significantly higher than Mod/High SES	
Drank 2+ non-diet sodas yesterday <sup>1</sup>	15	-	13		
Drank SSBs 7+ times last week at school	*	*	7		
Bought SSB at school in the past week	20	-	23		
Did not eat breakfast today <sup>1</sup>	42	↑	33		

By race <sup>2</sup>	Auburn (HYS 2012)						
	Indicator	Asian %	AIAN %	Black %	Hispanic %	NHPI %	White %
≥5 servings of fruits & veg/day	*	*	*	30	52	25	24
Drank 2+ non-diet sodas yesterday <sup>1</sup>	9	*	12	8	*	7	11
Drank SSBs 7+ times last week at school	*	*	*	*	*	*	*
Bought SSB at school in the past week	*	*	*	29	*	19	17
Did not eat breakfast today <sup>1</sup>	31	29	30	40	41	30	33

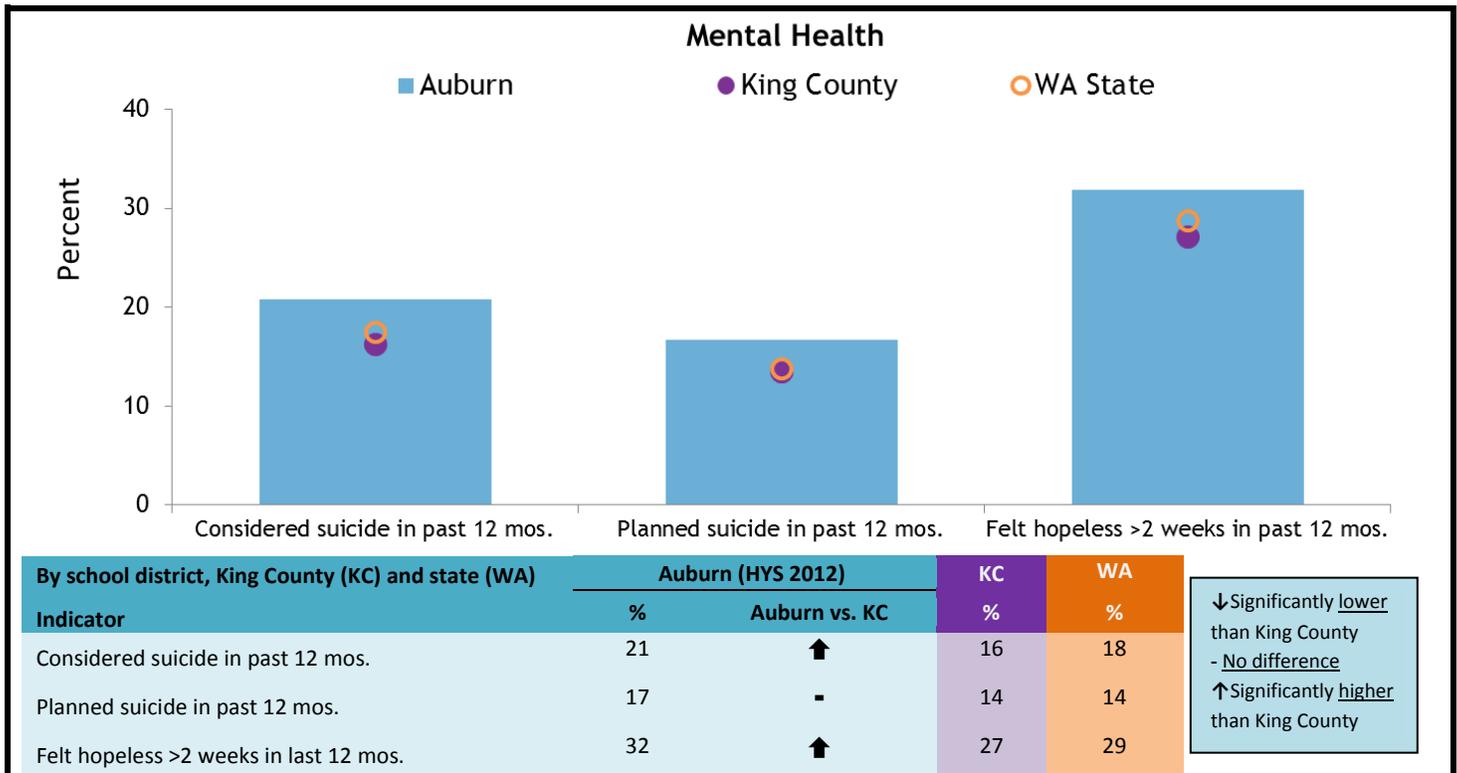
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## Mental Health

Mental health is important to overall health. Mental disorders are chronic health conditions that can continue throughout the lifespan. Without early diagnosis and treatment, youth with mental disorders can have problems at home, in school, and in forming friendships. This can also interfere with their healthy development, and these problems can continue into adulthood. Suicide (i.e., taking one's own life) is a serious public health problem that affects even young people. For youth between the ages of 10 and 24, suicide is the third leading cause of death. Suicide affects all youth, but some groups are at higher risk than others.



By socio-economic status (SES)

Indicator	Auburn (HYS 2012)		
	Low SES %	Low vs. Mod/High	Moderate/High SES %
Considered suicide in past 12 mos.	17	-	14
Planned suicide in past 12 mos.	13	-	11
Felt hopeless >2 weeks in past 12 mos.	30	-	25

↓ Significantly lower than Mod/High SES  
- No difference  
↑ Significantly higher than Mod/High SES

By race<sup>1</sup>

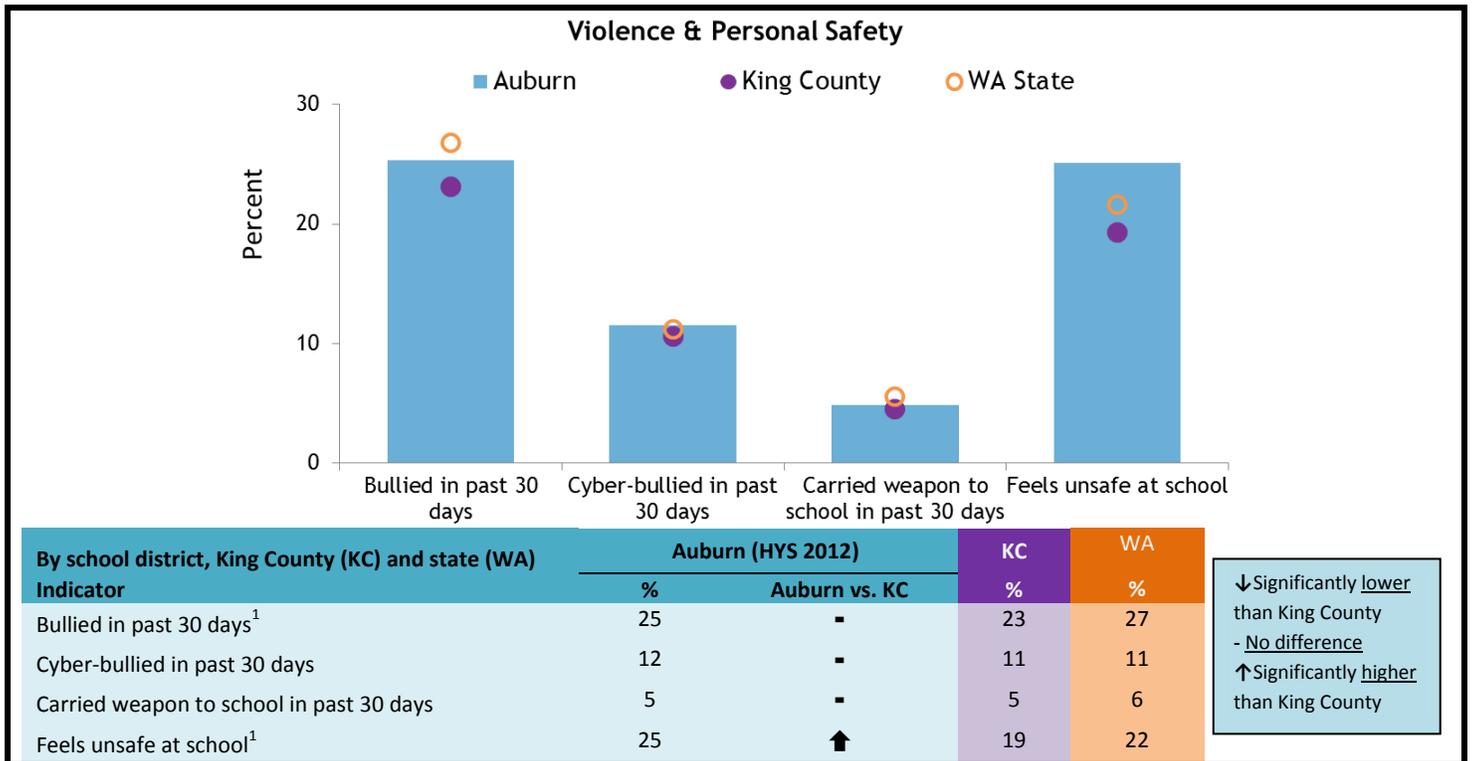
Indicator	Auburn (HYS 2012)						
	Asian %	AIAN %	Black %	Hispanic %	NHPI %	White %	Other %
Considered suicide in past 12 mos.	31	28	16	17	29	19	23
Planned suicide in past 12 mos.	26	*	*	22	*	14	18
Felt hopeless >2 weeks in past 12 mos.	39	42	31	33	37	28	35

<sup>1</sup>AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

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## Violence & Personal Safety

Youth violence includes various behaviors. Some violent acts—such as bullying, slapping, or hitting—can cause more emotional harm than physical harm. Bullying is a form of youth violence and is widespread in the United States. Bullying can also occur through technology and is called electronic aggression or cyber-bullying. Cyber-bullying is bullying that occurs through e-mail, a chat room, instant messaging, a website, text messaging, or videos or pictures posted on websites or sent through cell phones.



Indicator	Auburn (HYS 2012)		
	Low SES (%)	Low vs. Mod/High	Moderate/High SES (%)
Bullied in past 30 days <sup>1</sup>	22	-	25
Cyber-bullied in past 30 days	11	-	11
Carried weapon to school in past 30 days	7	-	5
Feels unsafe at school <sup>1</sup>	24	-	22

↓ Significantly lower than Mod/High SES  
 - No difference  
 ↑ Significantly higher than Mod/High SES

Indicator	Auburn (HYS 2012)						
	Asian (%)	AIAN (%)	Black (%)	Hispanic (%)	NHPI (%)	White (%)	Other (%)
Bullied in past 30 days <sup>1</sup>	24	29	19	25	15	27	27
Cyber-bullied in past 30 days	*	*	*	*	*	12	10
Carried weapon to school in past 30	*	*	*	*	*	4	8
Feels unsafe at school <sup>1</sup>	25	36	27	20	23	24	30

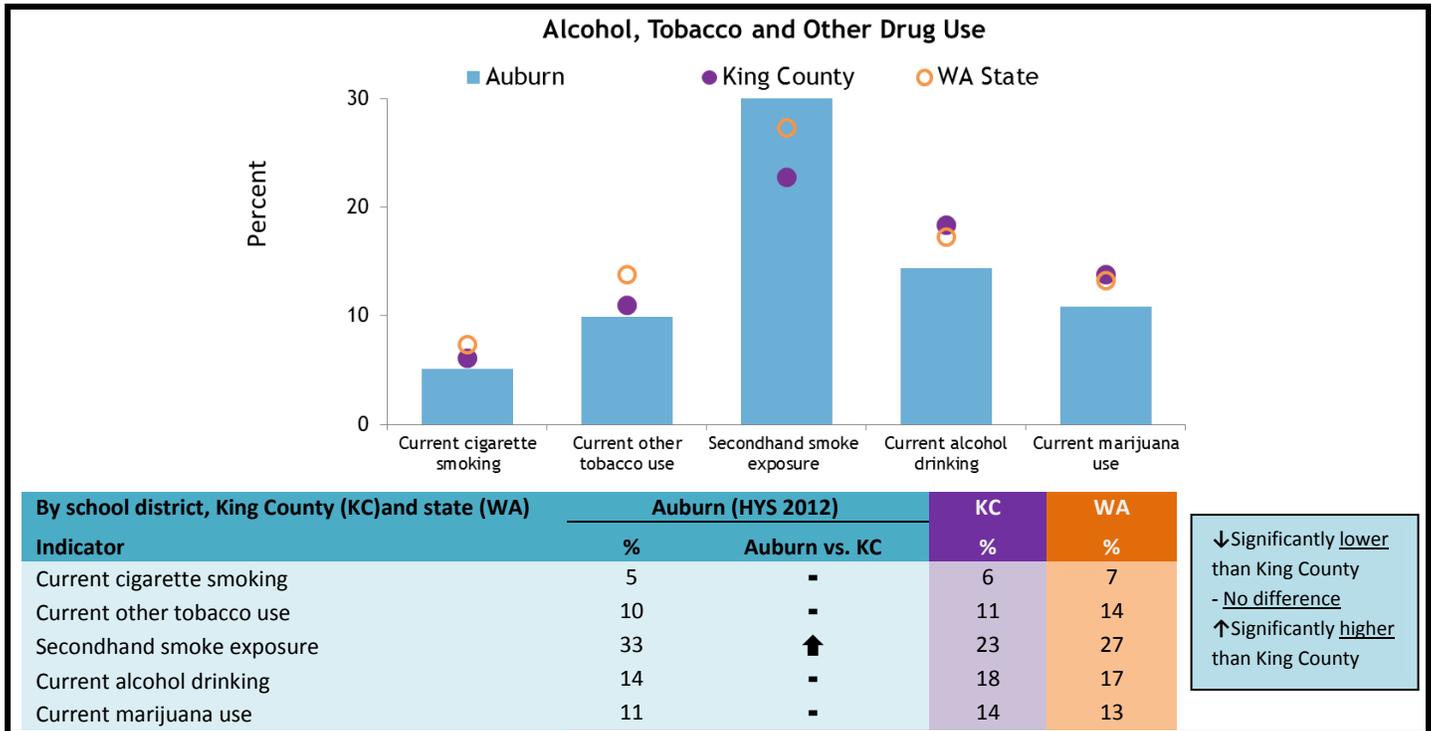
<sup>1</sup>Indicator includes 6<sup>th</sup> grade respondents. Not all questionnaire items were included in the 6<sup>th</sup> grade version

<sup>2</sup>AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

\*Too few cases to protect confidentiality and/or report reliable rates

## Alcohol, Tobacco and Other Drug Use

Alcohol and other drug use among our nation’s youth remains a major public health problem. Substance use and abuse can increase the risk for injuries, violence, HIV infection, and other diseases. Smoking and other tobacco use are initiated and established primarily during adolescence. Tobacco use in adolescence is associated with use of alcohol, use of marijuana and other drugs, and high-risk sexual behavior. Schools play a critical role in promoting health and helping youth establish lifelong healthy behaviors.



Indicator	Auburn (HYS 2012)		
	Low SES %	Low vs. Mod/High	Moderate/High SES %
Current cigarette smoking	14	-	11
Current other tobacco use	21	-	18
Secondhand smoke exposure	38	↑	26
Current alcohol drinking	31	-	23
Current marijuana use	23	↑	14

Significance: ↓ Significantly lower than Mod/High SES; - No difference; ↑ Significantly higher than Mod/High SES

Indicator	Auburn (HYS 2012)						
	Asian %	AIAN %	Black %	Hispanic %	NHPI %	White %	Other %
Current cigarette smoking	*	*	*	*	*	6	5
Current other tobacco use	*	*	*	*	*	9	9
Secondhand smoke exposure	26	*	40	23	*	36	34
Current alcohol drinking	9	18	15	18	14	15	13
Current marijuana use	*	14	13	12	16	12	9

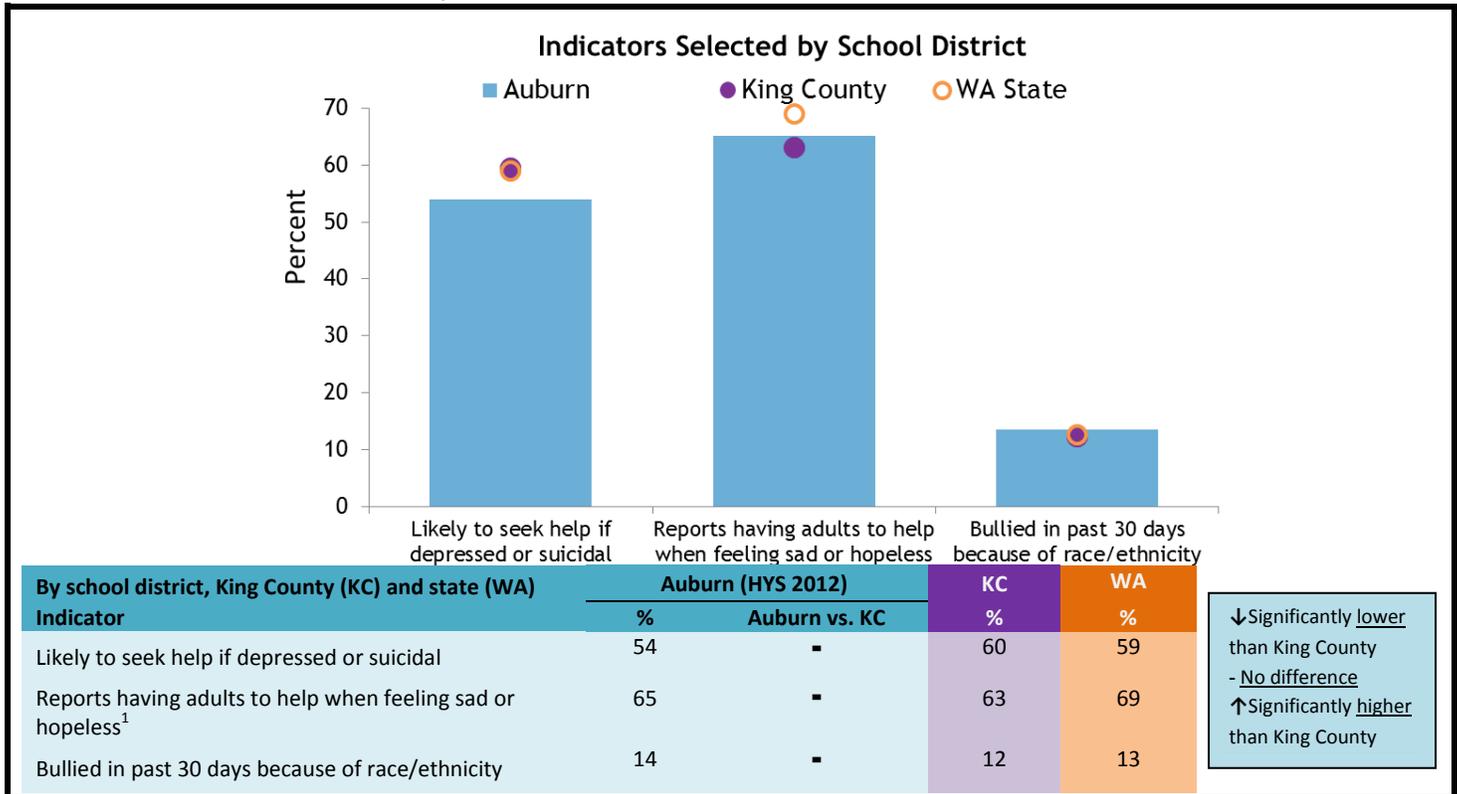
<sup>1</sup>Indicator includes 6<sup>th</sup> grade respondents. Not all questionnaire items were included in the 6<sup>th</sup> grade version

<sup>2</sup>AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

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## Indicators Selected by Auburn School District

Indicators of special interest were selected from questionnaire items on the 2012 HYS questionnaire by key health and wellness personnel at individual school districts. Special interest indicators included sexual health, however low response rates for sexual health questionnaire items resulted in imprecise estimates and were therefore not included in this report. Selected indicators reflect issues identified as priorities by health and wellness leadership of each school district. This set of indicators is unique to each school district.



Indicator	Auburn (HYS 2012)		
	Low SES %	Low vs. Mod/High	Moderate/High SES %
Likely to seek help if depressed or suicidal	59	-	63
Reports having adults to help when feeling sad or hopeless <sup>1</sup>	64	↓	69
Bullied in past 30 days because of race/ethnicity	17	-	14

Legend: ↓ Significantly lower than Mod/High SES; - No difference; ↑ Significantly higher than Mod/High SES

Indicator	Auburn (HYS 2012)						
	Asian %	AIAN %	Black %	Hispanic %	NHPI %	White %	Other %
Likely to seek help if depressed or suicidal	53	*	46	45	*	60	58
Reports having adults to help when feeling sad or hopeless <sup>1</sup>	53	54	60	58	66	73	64
Bullied in past 30 days because of race/ethnicity	23	*	*	13	*	11	17

<sup>1</sup>Indicator includes 6<sup>th</sup> grade respondents. Not all questionnaires item were included in the 6<sup>th</sup> grade version

<sup>2</sup> AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

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## Auburn School District Health Profile

## Key findings in HYS data from 2004-2012

Note: 2006 excluded due to low school participation

HEALTHY YOUTH SURVEY (HYS)	8 <sup>th</sup> Grade <sup>1</sup>				10 <sup>th</sup> & 12 <sup>th</sup> Grade <sup>1</sup>			
SURVEY YEAR (# OF PARTICIPATING STUDENT RESPONDENTS) <sup>2</sup>	2004 (938)	2008 (691)	2010 (897)	2012 (832)	2004 (1171)	2008 (409)	2010 (1366)	2012 (765)
Obesity	%				%			
Obesity <sup>2</sup>	10	13	9	11	13	13	13	8
Overweight or obese <sup>2</sup>	31	29	27	31	27	25	30	23
Physical Activity	%				%			
Physical activity ≥60 min/day	-	21	29	23	-	17	23	24
Screen time >3 hours per day	55	53	58	58	45	47	51	56
Dietary Behavior	%				%			
≥5 servings of fruits & veg/day	29	31	-	26	22	22	-	26
Drank 2+ non-diet sodas yesterday	24	11	11	12	20	15	16	9
Drank SSBs 7+ times last week at school <sup>3</sup>	-	6	3	4	-	14	10	8
Bought SSB at school in the past week <sup>3</sup>	-	12	11	15	-	28	27	24
Did not eat breakfast today	-	39	32	38	-	38	35	40
Mental Health	%				%			
Considered suicide in past 12 mos.	13	14	13	18	19	14	14	23
Planned suicide in past 12 mos.	11	12	13	12	15	10	9	19
Felt hopeless >2 weeks in past 12 mos.	30	25	27	28	34	25	27	35
Personal Safety and Violence	%				%			
Bullied in past 30 days	28	27	30	28	19	22	17	20
Cyber-bullied in past 30 days	-	12	13	10	-	11	10	13
Carried weapon to school in past 30 days	-	4	5	4	-	7	6	6
Feels unsafe at school	26	28	27	26	31	19	21	27
Tobacco Use and Exposure	%				%			
Current cigarette smoking	6	6	5	5	16	16	15	9
Current other tobacco use <sup>4</sup>	8	-	4	5	19	-	4	6
Secondhand smoke exposure <sup>5</sup>	43	28	30	35	36	29	34	32
Alcohol & Other Drug Use	%				%			
Current Alcohol Drinking	15	15	12	13	35	31	33	25
Current Marijuana Use	10	6	9	10	20	22	23	19
Indicators Selected by School District	%				%			
Likely to seek help if depressed or suicidal <sup>5</sup>	37	38	45	33	40	49	46	38
Reports having adults to turn to for help when feeling sad or hopeless	-	64	60	63	-	66	59	59
Bullied in the past 30 days because of race, ethnicity, or national origin	-	-	15	15	-	-	10	12

<sup>1</sup>Data not available denoted by (-). No 12<sup>th</sup> graders participated in HYS (2012) in Auburn School District<sup>2</sup>Obesity (top 5%) and overweight or obese (top 15%) of BMI distribution for age/gender were calculated from self-reported height and weight.<sup>3</sup>Includes non-diet soda and other sugary sweetened beverages such as Snapple, Gatorade, and Sobe.<sup>4</sup>Results should be interpreted with caution, 30% or more of respondents did not answer the question.<sup>5</sup>The question "Do you live with someone who smokes now?" used as a proxy for secondhand smoke exposure.

### Auburn School District HYS Comparison from 2010-2012

HEALTHY YOUTH SURVEY (HYS)	8 <sup>th</sup> Grade <sup>1</sup>	10 <sup>th</sup> Grade <sup>1</sup>
Comparison Years	2012 vs 2010	2012 vs 2010
<b>Obesity</b>		
Obesity <sup>2</sup>	-	-
Overweight or obese <sup>2</sup>	↑	-
<b>Physical Activity</b>		
Physical activity ≥60 min/day	-	-
Screen time >3 hours per day	-	-
<b>Dietary Behavior</b>		
≥5 servings of fruits & veg/day (2010 data not available)	N/A	N/A
Drank 2+ non-diet sodas yesterday	-	-
Drank SSBs 7+ times last week at school <sup>3</sup>	-	-
Bought SSB at school in the past week <sup>3</sup>	-	-
Ate breakfast today	-	-
<b>Mental Health</b>		
Considered suicide in past 12 mos.	-	↑
Planned suicide in past 12 mos.	-	↑
Felt hopeless >2 weeks in past 12 mos.	-	↑
<b>Personal Safety and Violence</b>		
Bullied in past 30 days	-	-
Cyber-bullied in past 30 days	-	-
Carried weapon to school in past 30 days	-	↓
Feels unsafe at school	-	-
<b>Tobacco Use and Exposure</b>		
Current cigarette smoking	-	-
Current other tobacco use <sup>4</sup>	-	-
Secondhand smoke exposure <sup>5</sup>	-	-
<b>Alcohol &amp; Other Drug Use</b>		
Current alcohol drinking	-	-
Current marijuana use	-	-
<b>Indicators Selected by School District</b>		
Likely to seek help if depressed or suicidal <sup>4</sup>	-	-
Reports having adults to turn to for help when feeling sad/hopeless	-	-
Bullied in the past 30 days because of race, ethnicity, or national origin	-	-

Trend Symbols
Getting Better
No Change
Getting Worse
↑ Higher in 2012 than 2010
-- Flat, No Change
↓ Lower in 2012 than 2010
N/A: Non-applicable

<sup>1</sup>Not all questionnaire items are included every year. Years when data are not available for specific indicators are noted beside indicators in table and excluded from the comparison. No 12<sup>th</sup> graders participated in HYS (2012) in Auburn School District; analysis includes only 10<sup>th</sup> graders for 2010 and 2012.

<sup>2</sup>Obesity (top 5%) and overweight or obese (top 15%) of BMI distribution for age/gender were calculated from self-reported height and weight.

<sup>3</sup>Includes non-diet soda and other sugary sweetened beverages such as Snapple, Gatorade, and Sobe.

<sup>4</sup>Results should be interpreted with caution, 30% or more of respondents did not answer the question.

<sup>5</sup>The question "Do you live with someone who smokes now?" used as a proxy for secondhand smoke exposure.